T APPLICATION AND POWER C

ORNEY

ATTORNEY'S DOCKET NUMBER

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

USE	OF	ELLAGIC	ACID	AND	ITS	DERIVATIV	ES IN	COSMETIC	S AN	D DERMATOLOGY	
the sp	pecif	ication of w	hich (c	heck o	only o	ne item below):				
		is attached	hereto.								
		was filed as	United	State	s app	lication					
	:	Serial No.									
	(on							·		,
	;	a nd was am	ended								
	•	on							(i	if applicable).	
	X	was filed as	PCT in	iterna	tional	application					
	ì	Number <u>P</u>	CT/FR	98/0	2098		-				
	(on <u>OCTOB</u>	ER 1s	t, 1	998						 ,
	á	and was am	ended u	nder	PCT A	Article 19					
	(on							(i	f applicable).	

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowlege the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (If PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIN UNDER 35 USC	
FRANCE	97 12227	1st OCTOBER 1997	X) YES	Ç
			YES	
			☐ YES	
,			☐ YES	
,			YES	

- Lum H64-Combined Declaration For Patent A tion and Power of Attorney (Con (Includes Reference to PCT International Application CTATION DUE I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowlege the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application: PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120: STATUS (Check one) U.S. APPLICATIONS ABANDONED PATENTED PENDING U.S. APPLICATION NUMBER U.S. FILING DATE PCT APPLICATIONS DESIGNATING THE U.S. U.S. SERIAL NUMBERS ASSIGNED (if any) PCT FILING DATE PCT APPLICATION NO POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) Burton SCHEINER, Reg.N°24018 L. DENNISON, Reg. N° 19920; Donald Ira JWSCHULTZ, Reg.N° 28666 William H. MESEROLE, Reg. N° 20833; David POLLACK, Reg. N° 20478; Jeffrey S. SMITH, Reg. N° 39377 Send Correspondence to: Direct Telephone Calls to: (name and telephone number) DENNISON, MESEROLE, POLLACK & SCHEINER 1745 Jefferson Davis Highway, Suite 612 ARLINGTON VIRGINIA 22202 (703) 412 1155 SECOND GIVEN NAME FAMILY NAME FIRST GIVEN NAME FULL NAME OF INVENTOR BONTE Frédéric STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 45100 ORLEANS FRANCE FRANCE RESIDENCE & CITIZENSHIP FRX POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS FRANCE 54 rue Tudelle 45100 ORLEANS FIRST GIVEN NAME SECOND GIVEN NAME FULL NAME OF INVENTOR FAMILY NAME SAUNOIS Alex -00 TATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITIZENSHIP 202 45100 ORLEANS FRANCE FRANCE FRX POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS 45100 ORLEANS FRANCE 2, rue Daniel Mayer SECOND GIVEN NAME FAMILY NAME FIRST GIVEN NAME FULL NAME OF INVENTOR STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

CITY

SIGNATURE OF INVENTOR 201 Frederic Barte	SIGNATURE OF INVENTOR 202 Alex Sourse's	SIGNATURE OF INVENTOR 203
DATE /: / - 17 MARCH 2000	DATE 17 MARCH 2000	DATE

RESIDENCE &

POST OFFICE ADDRESS POST OFFICE ADDRESS

STATE & ZIP CODE/COUNTRY